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GROOM TO STREET OF STREET

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ACME Holdings, L.L.C.	·
(Name	of Limited Liability Company)
	ited Liability Company for Authorization to Transact Business in k are submitted to register the above referenced foreign limited orida
Please return all correspondence concerning	g this matter to the following:
Quentin R. Bo	yken
	(Name of Person)
Belin Lamson McCormick Zumbac	ch Flynn, A Professional Corporation
	(Firm/Company)
666 Walnut, Suite 2000	
	(Address)
Des Moines, IA 50309	
	City/State and Zip Code)
For further information concerning this ma	tter, please call:
Quentin R. Boyken	at (515) 283-4628
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Division of Corporations	
409 E. Gaines Street	P.O. Box 6327
Tallahassee, Florida 32399	Tallahassee, Florida 32314
Enclosed is a check for the following amou	int:
	g Fee & \$\Bigcup \$155.00 \text{Filing Fee & \$\Bigcup \$160.00 \text{Filing Fee, Certificate}\$ ificate of Status & Certified Copy of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ACME Holdings, L.L.C.		
(Nam	ie of Foreign Limited L	iability Company)
lowa	3	14-1857308
(Jurisdiction under the law of which for company is organized)	reign limited liability	(FEI number, if applicable)
November 18, 2002	5	Perpetual
(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")
(D C	4 []	at the 10 could be the accordance from N
(See sections 6	08.501 & 608.502 F.S.	rida, if prior to registration.) to determine penalty liability)
4140 East 14th Street		
Des Moines, IA 50313		
	(Street Address	of Principal Office)
S. If limited liability company is a	manager-managed	company check here 🗸
. It mined had not been party to a		output, one to te
. The name and usual business ad	ldresses of the mana	aging members or managers are as follows:
Christopher J. Risewick, 4140 Eas	et 1/1th Street Dec Mi	oines 14 50313
Offisiopher 3. Nisewick, 4140 Cas	30 1401 Officer, Des Wi	Jines, IA 30313
0.44.1.1		
Q		lays old, duly authenticated by the official having custody of recor y is not acceptable. If the certificate is in a foreign language, a
anslation of the certificate under oath of the		• • • • •
1. Nature of business or purposes	to be conducted or	promoted in Florida:
Ownership of real actors		
Ownership of real estate	\	
1	1/m	~
1	/ 	
Signature of	<i>la</i> member or an au	horized representative of a member.
(In accordance	vith section 608.408(3), F.	thorized representative of a member. S., the execution of this document constitutes
(In accordance an affirmation)	with section 608.408(3), F. under the penalties of perju	
(In accordance an affirmation)	vith section 608.408(3), F.	S., the execution of this document constitutes ary that the facts stated herein are true.)



AND A CONTROL OF THE PROPERTY OF THE PROPERTY

Date: 02/14/2005

SECRETARY OF STATE

490DLC-000272531 ACME HOLDINGS, L.L.C. BELIN, LAMSON, ET AL DIANE SPIERING DES MOINES, IA 50309

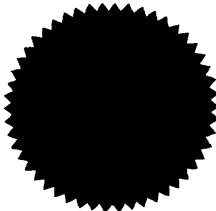
CERTIFICATE OF EXISTENCE

Name: ACME HOLDINGS, L.L.C.

Date of Organization: 11/18/2002

Duration: PERPETUAL

I, CHESTER J. CULVER, Secretary of State of the State of Iowa, custodian of the records of limited liability companies, certify that the limited liability company named on this certificate was duly organized under the laws of Iowa on the date printed above, that all fees required by the Iowa Limited Liability Company Act have been paid, and that articles of dissolution have not been filed.



CHESTER J. CULVER

SECRETARY OF STATE



CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

I. The nam	ne of the Limited Liability Comings, L.L.C.	ipany is:	·		
2. The nam	ne and the Florida street address	s of the registered	l agent and	l office are:	
	CT Corporation System				
		(Name)			
	1200 South Pine Island Roa	ad	4.515.4	· .~,	
	Florida Street Ad	ddress (P.O. Box NC	<u>)T</u> accepta	BLE)	
	Plantation	FL	33324		
		City/State/Zip			<u>(</u>
liability com agent and ag relating to th		this certificate, I l rther agree to com nance of my duties	hereby acc aply with the and I am in Chapter	ept the appoi ne provisions familiar with	ntment as registere of all statutes and accept the

\$ 100.00 Filing Fee for Application\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

5.00 Certificate of Status (optional)